Mental Health in Schools Community Partnership Lessons Learned January 2008-February 2009

I. Data Assessment

Our district used two data sources: The Healthy Schools Report Card (modules related to mental health) and the Michigan Profile for Health Youth (MiPHY). Both instruments were user-friendly. The Healthy Schools Report Card process requires a significant time investment, however gathering this data was the impetus for creation of a secondary level wellness committee—something we wanted to do anyway. Both instruments provided valuable information to the local steering committee for looking at the district's gaps in supporting mental health needs and for establishing goals. The MiPHY results were shared with secondary staff as part of their consideration of meeting student needs.

II. Partners

Partners in the grant process included: Our local district administrators and staff, Community Mental Health, Department of Human Services, Behavioral Health, Catholic Human Services, District Court, Prosecutor's Office, the Educational Service District, our school-based health center, FQHC health center, and parent representatives. Most of these entities had partnered with the school district previously and also participate in our Community Collaborative. The Behavioral Health partner was new. A new outreach position was created at the hospital when administration of the behavioral health unit was changed to a new agency. This was about the same time as we began our grant process, so the new person was available and interested in making this link with us.

Although almost all of the partners on this grant project have worked together previously, this involvement led to a different level of understanding of each others' process, financing, and limitations. Much of our early work was spent learning about each partner agency and what they could bring to the table. There was a significant lack of understanding about the role and capacity of CMH and about the interface of services between partner agencies. Relationships were definitely strengthened with CMH as a result of this process.

III. Support

All partners were very supportive. Community Mental Health was especially open to working together, to making access easier for families, and to improving lines of communication. They signed a collaborative agreement, accepted our suggested universal release form, added a communication link for disposition of referrals, participated in our teacher training, and worked with us on bringing together liaisons from school and CMH staff. The CMH Director attended all the steering committee meetings and the meeting in Lansing. He continues to be willing to think "out of the box" on how we can maximize resources. In addition, he invited a liaison from this grant to sit on the CMH Systems of Care grant team and got permission to expand their grant to consider youth with mental health issues who do not fit the SED criteria, but who have significant issues.

Support (Continued)

Our local district administration gave significant support. All administrators and the superintendent sat on the steering committee. The superintendent reserved significant time on professional development days for the delivery of the teacher training modules. In addition, she authorized participation in the MiPHY and directed building administrators to implement student assistance teams and wellness teams. The building administrators participated in MiPHY data review, nominated parent participants, and helped identify focus group participants. All school staff also provided information for the Adolescent Health Center application prepared as part of our short-term goals.

DHS also was very supportive. While the Director was not able to participate in the steering committee, DHS was represented at almost every meeting and worked with us on establishing a family resource center in our middle school. DHS seems less stable as an agency—they moved their local office out of the county during the course of this grant—and they seem much more tentative about commitments due to staffing and budget. For example, although they helped establish the FRC, they are reluctant to commit to continued staffing there. I suspect that the politics and state leadership at different agencies affect their ability to be secure in making "out of the box" moves.

Our ESD provided strong support as well. The Director of Special Education attended a number of the meetings. She approved their use of the universal release form and also gave input on the student assistance team models we are implementing. Staff members from the ESD including the social worker and school psychologist attended steering committee meetings, participated in teacher training, and agreed to serve as liaisons in our referral process with CMH.

Our school-based clinic also fully participated in the steering committee. The nurse practitioner and behavior health counselor both attended meetings. The behavioral health counselor participated in CAFAS training, served on the teacher training team, and serves as a liaison on our referral team to CMH.

Parent support was the most difficult to achieve. We had two parents who were consistent in participating on our steering committee. We made a number of attempts to get greater parent participation—unsuccessfully. These included: personal phone call invitations to parents suggested by building administrators, newspaper article advertising the invitation to participate, and fliers placed in local agencies. The parent focus group got better participation. Perhaps a one-time session is all that parents can commit to, especially when we are targeting parents who are in the mental health system for their kids. We also did not have success in involving local religious leaders.

I would suggest that partners we failed to involve are local private mental health care providers and HeadStart. Other sites might want to involve them in their process.

Support in general was easy to obtain. All we did was invite. Our local agencies really extend themselves when the school district asks for their help.

IV. Outcomes

The positive outcomes of the work on this grant include:

- Establishment of a secondary school wellness team (Healthy Schools Report Card process)
- Establishment of student assistance teams at both the middle school and high school
- Implementation of a regular case review process in the middle school in cooperation with the DHS prevention worker
- Implementation of a Family Resource Center in the middle school
- Collaborative agreements with CMH and DHS outlining specific referral protocols
- Adoption of a universal release of information by all partner agencies
- Establishment of a referral disposition feedback process
- Implementation of a referral tracking program in the school district
- CAFAS training for our behavioral health counselor and acceptance of CAFAS scores from the counselor by CMH
- Participation in the MiPHY and district use of MiPHY data
- Improved understanding of partner agencies, strengthened relationships, interest in continuing collaboration
- Teacher training on supporting students with mental health issues
- Cross-participation in Systems of Care grant process
- New linkage with American Red Cross and emergency planning for mental health supports

Drawbacks:

1. Understanding that our CMH general fund is under funded (disproportionately funded in relation to other CMH's) and thus support for non-SED qualified students is very limited.
2. The many demands on school personnel that limit the attention and resources that can be devoted to non-academic priorities.
3. The fragmentation of funding in multiple agencies and the limitations on use of funds that does not allow/encourage braided funding efforts.
4. The instability of agency funding and staffing. Limited capacity.
5. The impact of geography—lack of CMH or DHS presence locally.
6. The need for more training for teaching staff on methods of differentiation and supports for students with mental health issues

Concern:

Hopefully, the state will not mandate a mental health process/model without regard to the many other mandates school districts (especially small ones) are trying to fulfill. University programs, professional associations, and ESD's need to have a strong role in preparing teachers to have classroom-based impact on these mental health concerns. Forced programming/reporting will not create the changed perspective needed at the classroom level.

V. Future Plans

The steering committee has identified parties responsible for sustaining the initiatives begun under this grant. The school district and the community collaborative will continue working together to complete the long-term goal of collectively envisioning a strategic mental health support program and identifying the resources needed and available to implement it. We will continue work with the CMH System of Care grant Process, and initial contacts have been made for training school, ESD and agency personnel to provide mental health supports in conjunction with the American Red Cross in case of emergencies.